07592

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH — COUNTY: Kent. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Galena
LENGTH OF STAY (in this place): 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Earlville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) JENNIE (Middle) M (Last) CHRISTOPHER
4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 7 1882
9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Du Vall
14. MOTHER'S MAIDEN NAME: Phoebe M. Banker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: [illegible] Christopher [illegible] Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	2-3 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) WITH TERMINAL ACUTE	
	(c) PASSIVE CONGESTION	

4221

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to July 14, 1952, that I last saw the deceased alive on July 14, 1952 and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE: Walter H. Lee (Degree or title) M.D. ADDRESS: 206 S. Broad Middletown Del DATE SIGNED: 7/15/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: July 17 1952
NAME OF CEMETERY OR CREMATORY: George Washington Mem.
LOCATION (City, town, or county) (State): Paramus New Jersey

DATE REC'D BY LOCAL REG.: July 15-1952
REGISTRAR'S SIGNATURE: Elizabeth J. Mulford
24. FUNERAL DIRECTOR: Edward Fellows ADDRESS: Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A/5

RECEIVED
JUL 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07593

CERTIFICATE OF DEATH

Reg. Dist. No. 2.02

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton — Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ANGIE (Middle) REBECCA (Last) DUCKERY

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: colored

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Oct. 6, 1900

9. AGE last birthday: 51 yrs.

If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Raymond Duckery

14. MOTHER'S MAIDEN NAME: Georgeanna Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Hannah Boyce, Worton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure	Don't know
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular renal disease	Don't know
	(c)	

1442

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-23, 1952, to 7-24, 1952, that I last saw the deceased alive on 7-24, 1952, and that death occurred at 9:25 a.m., E.D.S.T., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert N. Farr M.D. Chestertown, Md 7-24-52

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial — DATE THEREOF July 27 1952 — NAME OF CEMETERY OR CREMATORY Fountain Cemetery — LOCATION (City, town, or county) Worton (Rural) (State) Md.

DATE REC'D BY LOCAL REG. July 25-1952 — REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR B. R. Fellows — ADDRESS Still Pond, Md.

RECEIVED
JUL 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07594

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY (in this place) 1 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galena
STREET ADDRESS (If rural, give location) Starky Farms Co.

3. NAME OF DECEASED (Type or Print): (First) FERMIN (Middle) (Last) HERRARA
4. DATE OF DEATH: (Month) JULY (Day) 8 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Puerto Rico
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct. 22, 1928
9. AGE last birthday: 23 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Arecibo Puerto Rico
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Toribio Herrera
14. MOTHER'S MAIDEN NAME: Dolores Gonzalez

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Starky Farms Co. - Galena, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

0571.1

Immediate cause (a) Septic meningitis (Probably Meningo-coccic)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Possible waterhouse-Friderichsen Syndrome (Hemorrhage into adrenal glands)
(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) about 24 hours; (b) less than 24 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-8, 1952, to 7-8, 1952, that I last saw the deceased alive on 7-8, 1952, and that death occurred at 4:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert N. Starr M.D. Chestertown, Md 7-9-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 11, 1952
NAME OF CEMETERY OR CREMATORY: Galena Cemetery
LOCATION (City, town, or county) (State): Galena Kent Co. Maryland

DATE REC'D BY LOCAL REG.: July 11-1952
REGISTRAR'S SIGNATURE: Clara L. Barnes
24. FUNERAL DIRECTOR: Mamie V. Williams
ADDRESS: Chestertown, Maryland

RECEIVED
JUL 15 1952
BUREAU

07595

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) most of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS High St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS High St. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) KATE (Middle) TYLER (Last) MASLIN
4. DATE OF DEATH (Month) July 6, (Day) 1952 (Year) 19

5. SEX female
6. COLOR OR RACE white
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) Widowed
8. DATE OF BIRTH MAY 13, 1880
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME FRANK TYLER
14. MOTHER'S MAIDEN NAME CATHERINE (UNKNOWN)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS (SON) OLIVER MASLIN, CHESTERTOWN, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY OCCLUSION	NONE
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC HEART DISEASE	UNKNOWN
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from None, 19__, to —, 19__, that I last saw the deceased alive on Not seen 19__, and that death occurred at 2:05 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS M. D. Chestertown DATE SIGNED 7/6/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 9, 1952
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) (State) Chestertown, Maryland

DATE REC'D BY LOCAL REG. July 7-1952
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR J. Willis Wells - ADDRESS Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 9 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07596

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Annie	S.	Pennington	July	23	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	White	Widowed	Dec. 17, 1859	92 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James B. Stevens	Rebecca E. Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	None	James Pennington - Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic Heart Disease	D.K.
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis.	D.K.
	(c) Senility	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from June 1, 1952 to July 23, 1952, that I last saw the deceased alive on July 22, 1952, and that death occurred at 4:15 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. H. Hamilton	M.D.	Millington Md.	July 23/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 26-52	Sudlersville Cemetery	Sudlersville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 23, 1952	Edward Fellows.	Edward Fellows.	Millington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07597

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1s

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 5 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne's Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) R.R. #2

3. NAME OF DECEASED (Type or Print): (First) Nelson (Middle) Garfield (Last) Ryan
4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Single	June 24 1892	61 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dairyman	Dairy Farming	Maryland	USA

13. FATHER'S NAME: Joseph Richard Ryan
14. MOTHER'S MAIDEN NAME: Margaret Berger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Sister - Mrs. Edgar Hague - Chestertown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive heart failure, arteriosclerosis — years

(c)

420.1 (002X)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Inactive pulmonary Tuberculosis & pulmonary fibrosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 15, 1952, to July 23, 1952, that I last saw the deceased alive on July 23, 1952, and that death occurred at 6:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard F. Smith MD — ADDRESS Rock Hall, Maryland — DATE SIGNED July 24, 52

23. BURIAL / CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 25-52	Wesley Chapel	Rock Hall	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 25-1952	Clara S. Barnes	Edgar L. Lane	Church Hill Md

RECEIVED
JUL 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07598

CERTIFICATE OF DEATH

Reg. Dist. No. 20-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

V.S. 445

1. PLACE OF DEATH: COUNTY Kent; MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennedyville
LENGTH OF STAY (in this place) 4 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS BETTERTON, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY BERKS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kenderg Pa
STREET ADDRESS (If rural, give location) 154. S. 12TH ST.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Snyder
4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: JAN. 31, 1886
9. AGE last birthday: 66 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman
10b. KIND OF BUSINESS OR INDUSTRY: Steel Plant
11. BIRTHPLACE (State or foreign country): PENNA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN A. SNYDER
14. MOTHER'S MAIDEN NAME: MARGARET WIDENER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: 168-14-8135
17. INFORMANT AND ADDRESS: LAURA SNYDER 154 S. 12TH READING PA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure

434.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Dont Know

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): neither
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952, to July 3, 1952, that I last saw the deceased alive on July 2, 1952, and that death occurred at Betterton Md. m. from the causes and on the date stated above.

SIGNATURE James Edwin Dedmon (Degree or title) MD ADDRESS DATE SIGNED 7-3-52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: JULY 7, 1952
NAME OF CEMETERY OR CREMATORY: CHARLES EVANS
LOCATION (City, town, or county) (State): READING PA.

DATE REC'D BY LOCAL REG. 7-3-52
REGISTRAR'S SIGNATURE C. Kennard Jones
24. FUNERAL DIRECTOR: B. R. Fallows ADDRESS Still Pond, Md.

RECEIVED
JUL 7. 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07599

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Kent MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown

LENGTH OF STAY (in this place) transient

HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Baltimore~~ COUNTY City

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 24

STREET ADDRESS (If rural, give location) 711 S Clinton St.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) THOMAS (Last) THOMPSON

4. DATE OF DEATH (Month) July (Day) 27 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH July 21, 1886

9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist

10b. KIND OF BUSINESS OR INDUSTRY Copper works

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? 4.5.9.

13. FATHER'S NAME James T. Thompson

14. MOTHER'S MAIDEN NAME Sarah A. Urie.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-10-2127

17. INFORMANT AND ADDRESS Mr. James Thompson, Rock Hall, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: Short time length unknown about a year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-27, 1952, to 7-27, 1952, that I last saw the deceased alive on 7-27, 1952, and that death occurred at 6:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R Kent W Farr, M.D. ADDRESS Chestertown, Md. DATE SIGNED 7-27-52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE THEREOF 7-31-52

NAME OF CEMETERY OR CREMATORY OAK LAWN CEM.

LOCATION (City, town, or county) (State) 7225 EASTERN AVE.

DATE REC'D BY LOCAL REG. 7/30/52

REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR Charles S. Zeller ADDRESS 901 S. CONKLINGS BALTO, 24, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 9 FilmG145 8/13/52 whw

07600

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH · COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown Md Rural
LENGTH OF STAY (in this place): 60 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Chestertown Md — COUNTY: Kent Rural
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Chestertown Md.
STREET ADDRESS (If rural, give location): Pond town

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): George Washington Tiller
4. DATE OF DEATH (Month) (Day) (Year): July 31 1952

5. SEX: Male
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: unknown
9. AGE last birthday: 68 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm work Labor
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Queen Anns Co
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Wesley Tiller
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.: no
17. INFORMANT AND ADDRESS: Annie Tiller Rural Chestertown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 8 weeks

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterial hypertension — Don't know

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1952, to July 31, 1952, that I last saw the deceased alive on July 31, 1952, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

SIGNATURE: [signature] — (Degree or title): M.D. — ADDRESS: Chestertown Md — DATE SIGNED: 8/2/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial — DATE THEREOF: Aug 3 1952 — NAME OF CEMETERY OR CREMATORY: Mt Pleasant — LOCATION (City, town, or county) (State): Rural Chestertown Md

DATE REC'D BY LOCAL REG.: Aug. 2-1952 — REGISTRAR'S SIGNATURE: Clara S. Barnes. — 24. FUNERAL DIRECTOR: B R Crellows — ADDRESS: Still Pond Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 4 1952
BUREAU V. S.